

031504

16085 U.S. PTO

PTO/SB/05 (12/97)

Please type a plus sign (+) inside this box → ☐Approved for use through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.	RL 10,051	
		First Named Inventor or Application Identifier		Zhongfei Zhang, et al.
		Title	Method For Automatic Community Model Generation Based On Uni-Parity Data	
		Express Mail Label No.	EU084713048US	


APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	[Total Pages] 18	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identical of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC d113)	[Total Sheets] 6	ACCOMPANYING APPLICATION PARTS	
4. Oath or Declaration [Total Pages] 2 a. <input checked="" type="checkbox"/> Newly Executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §1.63(d)(2) and 1.33(b).		8. <input type="checkbox"/> Assignment Papers (cover sheet & Documents(s))	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		9. <input type="checkbox"/> 37 CFR §3.73(b) Statement (when there is an assignee)	<input checked="" type="checkbox"/> Power of Attorney
		10. <input type="checkbox"/> English Translation Document (if applicable)	
		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
		12. <input type="checkbox"/> Preliminary Amendment	
		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
		14. <input type="checkbox"/> Small Entity Statement(s)	<input type="checkbox"/> Statement filed in prior application Status still proper and desired (PTO/SB/09-12)
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) if foreign priority is claimed)	
		16. <input type="checkbox"/> Other:	

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: 0/0.
Prior application information: Examiner Group / Art Unit:

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		2 0 1 4 6		or <input type="checkbox"/> Correspondence address below	
(Insert Customer No. or Attach bar code label here)					
NAME					
ADDRESS					
CITY		STATE		ZIP CODE	
COUNTRY		TELEPHONE		FAX	

Name (Print/Type)	JOSEPH A. MANCINI	Registration No. (Attorney/Agent)	45,870
Signature		Date	3.11.04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

Complete If Known

Application Number

Filing Date

First Named Inventor

Zhang, et a.

Examiner Name

Group / Art Unit

Attorney Docket No.

RL 10,051

TOTAL AMOUNT OF PAYMENT

(\$ 770

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge to the following Deposit Account,

Deposit Account Number

AF 01-0465

Deposit Account Name

☐ Charge any additional fee required or credit any overpayment

☒ Charge all indicated fees and any additional fee required or credit any overpayment

2. ☐ Payment Enclosed:

☐

Check

☐

Money Order

☐

Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	790	201	395	Utility filing fee	\$770
106	330	206	165	Design filing fee	\$0
107	540	207	270	Plant filing fee	\$0
108	790	208	395	Reissue filing fee	\$0
114	150	214	75	Provisional filing fee	\$0

SUBTOTAL (1)

(\$770

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
15	-20** = 0	18	0
Independent Claims	2	-3** = 0	84
Multiple Dependent		0	0

**or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	22	203	11	Claims in excess of 20
102	82	202	41	Independent Claims in excess of 3
104	270	204	135	Multiple dependent claims in excess of 3
109	82	209	41	**Reissue independent claims over original patent
110	22	210	11	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$0

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension of time within second month	
117	950	217	475	Extension of time within third month	
118	1,510	218	755	Extension of time within fourth month	
128	2,060	228	1,030	Extension of time within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,320	241	660	Petition to revive - unintentional	
142	1,320	242	660	Utility issue fee (or reissue)	
143	450	243	225	Design issue fee	
144	670	244	335	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt.	
581	40	581	40	Recording each patent assignment per properly (time number of properties)	
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify)

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

SUBMITTED BY

Typed or Printed Name

JOSEPH A. MANCINI

Signature

Date

3.11.04

Complete (if applicable)

Reg. Number

45,870

Deposit Account User ID